

THE DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40974

STATE FILE NUMBER

FILED NOV 25 1957

Registration District No. 172 Primary Registration District No. 5643 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>RAY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Freedom</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>HARDIN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Hi Way 13 9 mi. South of Higginsville Mo.</u> INSTITUTION <u>Higginsville Mo.</u> Length of stay in 1b				d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>Marvin</u> Last <u>Grimes</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>9</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 26 1933</u>	
9. AGE (In years last birthday) <u>24</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ZBM Sales Rep.</u>		11. KIND OF BUSINESS OR INDUSTRY <u>Business Machine</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Paul W. Grimes</u>				14. MOTHER'S MAIDEN NAME <u>Louise Harding</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>8-14-53 to 7-11-55</u>				16. SOCIAL SECURITY NO. <u>486-36-3089</u>		17. INFORMANT <u>Paul N. Grimes</u> Address <u>HARDIN, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Motor car collision into</u> DUE TO (b) <u>Neural &amp; abdominal cancer</u> DUE TO (c) <u>This man was in a motor car collision with a car on line at</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>was charged from his convertible wife</u> <u>accident on mo highway on 13</u>						INTERVAL BETWEEN ONSET AND DEATH <u>died at scene of accident</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <u>Motor car collision - thrown from car</u>					
20c. TIME OF INJURY Hour <u>Nov 9 1957</u> a. m. <u>9:15</u> p. m. <u>1957</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Mo 13 highway</u>					
20f. CITY, TOWN, OR LOCATION <u>Higginsville Lafayette Mo</u>		20g. COUNTY <u>RAY</u> STATE <u>Mo.</u>					
21. I attended the deceased from <u>no professional service</u> and last saw her alive on <u>never</u> Death occurred at <u>7</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>M. Martin MD</u> (Degree or title) 22b. ADDRESS <u>Odesa Mo</u>				22c. DATE SIGNED <u>11-17-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 11 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>LAKELOCK CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>RAY COUNTY, Mo.</u>	
24. FUNERAL DIRECTOR <u>August Beckhardy</u> ADDRESS <u>Hardin Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-19-1957</u>		26. REGISTRAR'S SIGNATURE <u>Morris D Bailey</u>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 26 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William T. Spar*.....

Licensed Embalmer No. *44*.....

P. O. Address *Odesa*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.